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COLORS SPECKS IN THE TRANSPARENT TEXTURES OF THE EYE.

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THE subjoined cases, though not instructive in a therapeutical point of view, and, as far as relates to their peculiar features, not amenable to treatment, may yet, from their extreme rareness, interest some of the readers of this Journal, and elicit an account of similar observations. I have never before met with similar appearances, except when portions of the black pigment had become detached, and adherent to the capsule of the lens or to the cornea; and upon referring to all the works upon the eye within my reach, find no details of any. All the remarks and statements bearing upon the subject which I have been able to collect, will be found appended to the two cases, which as they happen to be both under my care at the present time, may be seen by any gentleman who desires it, and are as follows.

1st. *Amaurosis, with Black Dots on the Cornea.*—October 7th, 1845. Mrs. C—, æt. 56, of Boston, in 1827 had both eyes operated on successfully for cataracts. Eight years ago the vision which she had recovered in the right eye began to fail, and in the course of two years was quite lost. The left eye was affected with internal strabismus, and in June last was operated on in New York, but without success, there being partial paralysis of the external rectus muscle. For the last three years vision has been failing in this eye. Now she can distinguish a man from a woman, but cannot walk about alone. In the right eye the pupil is clear and slightly dilated, but the iris motionless. In the left a small portion of opaque capsule remains, and is adherent to the outer margin of the pupil, which is otherwise clear. On the cornea, towards the outer canthus, are two thin, white nebulous opacities. The remainder of the cornea of this eye is studded irregularly with very small opaque round dots, the largest being perfectly black and the smaller ones of a dark gray, or smoke color. The largest are not quite so large as the head of the smallest pin. With the eye alone eight may be counted, and by the aid of a lens, nearly twenty, all those of which the form can be appreciated being round.

The perfectly normal condition of the iris in this eye, and the uniformity in the shape and general appearance of these spots, forbid the

supposition that they can be owing to a displacement of the black pigment; while their apparent distance from the outer surface of the cornea, and their strict resemblance in size, form and arrangement, to the white spots with which in aqua-capsulitis it is often seen to be studded, indicate the lining serous membrane of the cornea as the seat of this affection. Iris light blue, movement in the left normal. Mrs. C. cannot say how long these spots have existed; they have not before been recognized. She has been dyspeptic for four or five years past.

April 21st, 1846. With reference to the black spots on the cornea, no treatment has been adopted. They are now in every respect as when first seen. All those which can be seen with the naked eye, are perfectly, intensely black.

*Amaurosis, with Yellowish Dots upon the Anterior Capsule of the Crystalline Lens.*—Feb. 24, 1846. Miss B—, æt. 13, of N. Ipswich, when 7 years of age had scarlatina, and about six months afterwards her vision became indistinct. During the last six months it is thought that her vision has been failing, and that there is now a greater difference than formerly in the vision of the two eyes. With the left eye she can read on the title-page of the Boston Medical and Surgical Journal the large print, and with the right, the same print less distinctly. Reads best at the distance of  $4\frac{1}{2}$  inches. Iris light hazel. Movement of the iris in both eyes somewhat sluggish.

In the right eye the central portion of the anterior capsule of the crystalline is obscured by a thin nebulous opacity, of a brownish-yellow hue. It is an irregular patch, whose largest diameter may be about the sixteenth of an inch. Viewed through a lens of two inch focus, this nebula is resolved into innumerable little yellow dots, as if the capsule were sprinkled over with a fine yellow sand. The dots in the centre are somewhat better defined than those near the circumference. The color of these spots is deeper and more vivid than the yellowish hue which sometimes pervades the cornea or chambers of the aqueous humor in persons affected with jaundice. Her health has been good since the attack of scarlatina, except that she has every few days a headache, which usually concentrates and becomes most severe about the brows and temples; her appetite is variable; she is troubled with constipation.

May 19th, 1846.—Miss B. has been, and is still under treatment, with a view to the amaurotic condition of her eyes; but although she is considerably improved, the case is not in such a condition as would call for a detail of the treatment.

After consulting more than twenty works on the subject, I find no opacities of the cornea, other than white in its different shades, from yellowish to pearl or milky white, recognized, except by the following writers.

Lawrence, page 347, speaks of a smoky, a yellowish,\* and occasionally, a reddish tint.

\* The cornea in persons affected with jaundice often acquires a decidedly yellow tinge, but this discoloration is not in patches, and is generally diffused throughout it and other textures of the eye.

Middlemore, vol. 1st, page 446, says—"I have observed them in several instances to be as red as a clot of blood, or a mass of fibrine, and I have also seen them of a black color."

M. Rognetta, page 424, says they may be "*de couleur blanche, jaunatre, rougeatre ou perlée*"—white, yellowish, reddish or pearl-colored.

Dr. Karl Himly does not seem to have observed it himself, but says, vol. 2d, page 82, "*In einer Pest Epidemic sah Biddloo plotzlich in der Hornhaut rothe weisse, bleifarbigte schwarze, flacken entstehen*"—During an epidemic pestilence, Biddloo saw red, white, lead-colored and black spots suddenly appear on the cornea.

Chelius, vol. 2d, page 203, describes one species as being "*von neblichter, rauchigter, wolkenartiger, ins Dunkelgraue spiclender Farbe*"—of a foggy, smoky, cloudy hue, or of a color approaching to dark gray.

Giovanni Fabini speaks of some as being "*di colore di fumo*"—smoke colored.

In no one of the works examined is mention made of colored spots upon the capsule of the crystalline lens, except those irregular black particles arising from an adhesion of the black pigment, and usually found near the circumference.

Two cases, however, are reported of similar spots found during *post-mortem* examinations upon the retina, which, as bearing some analogy to these, and having been, as far as I am aware, never noticed in any English work, I have taken the trouble to translate.

The first is by Dr. v. Walther, of Munich, in his *Abhandlungen aus dem Gebiete der Chirurgie und Augenheilkunde*, vol. 1, page 40. "A man who, in consequence of rickets, had become exceedingly deformed and dwarfish, and who had been accustomed to live in a close, damp atmosphere, without proper attention to cleanliness, and exercise, and upon coarse, for the most part farinaceous, food, was, a year before his decease, which took place from a dropsical affection in the thorax, of which he had previously no indication, affected with a gradually increasing blindness, accompanied with violent pains in the head. On examining the case, I found all the symptoms of decided glaucoma. With great intolerance of light, he had still no true perception of it. In both eyes was an evident cloudiness, commencing not far from the pupil, and presenting behind it a plate-shaped depression of a greenish hue and hardly proportionate to the total blindness of the patient. The anterior portion of the vitreous humor seemed to be somewhat turgid, so that in the left eye especially the lens, and upon it the iris, were projected, the latter instead of hanging perpendicularly between the two chambers of the aqueous humor, showing an outwardly convex surface. The mobility of the iris was somewhat lessened, the pupil slightly dilated and of unequal size. There was no expression (*blick—look*) in the eye (a grave but rather indefinite corroborative evidence in affections of the internal textures of the eye), and the image of any object placed before the eye mirrored itself not, as in the earliest stage of cataract, in or immediately behind the pupil, but deep in the posterior chamber; the dark shade of the vitreous

humor answering to the transparent lens the same purpose which the metallic coating behind does to the glass of a mirror. The whole sclerotic was thin, but towards the cornea, so much so, that not only did the choroid impart to it a bluish tinge, but the peculiar arrangement of the corpus ciliar could be traced with tolerable distinctness. Many enlarged vessels visible in the conjunctiva.

The state of the eye remained unchanged until the death of the man. Upon *post-mortem* examination, I found the lens and the vitreous humor transparent and in normal condition; the choroid had no indications of disease; but the retina in both eyes was studded over with black and some red specks, which were of various sizes, rounded, and most abundant anteriorly. They were most numerous in the left eye. It should be observed that these spots did not arise from portions of black pigment torn off and adherent to the retina. They were incorporated in the very texture of the retina, and on forcibly scraping with a curet (Davieschen Löffel) could not be separated from it. Now, after nine months preservation in alcohol, the spots are still, though somewhat faded, distinctly visible upon the retina.

The second was observed by Dr. F. A. von Ammon, of Dresden, and is reported in his *Zeitschrift für die Ophthalmologie*, vol. 2, p. 392. "In the spring of 1832 I examined the right cataractous eye of a man who died of general dropsy at the age of 74. I found beside the opacity of the crystalline lens, a peculiar toughness and adhesiveness of the vitreous humor, and upon the inner surface of the retina two round, very yellow spots, which were the terminations (*endgung's puncte*) of two tolerably large branches coming from the *centrales retina*. The *macula lutea* (*gelbe fleck—yellow spot*) also existed, but was not so deeply colored as these *maculae luteæ*; the *foramen centrale* was wanting.

*Boston, May 29th, 1846.*

#### A BRIEF REVIEW OF DR. HOLT'S PAPER, ENTITLED "ACONITE AND MERCURY—HOMŒOPATHICALLY."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—When I wrote an article "On Homœopathy," several months ago, I did not contemplate anything further on the subject, my object being to elicit the opinions of others more capable than myself, thinking a public discussion of it would be advantageous at the time when this new doctrine was (as its friends say) making rapid strides in our midst. But, to my astonishment, I was assailed from every quarter; the cowardly foe in ambush, with malicious missiles, and the honorable opponent, with more valiant arms, have continued to batter the walls of my eventful castle, and again I am called upon to defend the domicile that has so kindly sheltered me during the raging of the storm. Indeed, I do not feel weakened by the combat, for as yet, not a hair of my head has fallen to the ground. Well aware of the *chivalry* and *astuteness* of my chief opponent (Dr. Holt), I might well tremble in ap-



proach of the dreadful conflict at hand, were it not that his weapons, though skilfully employed, are rendered powerless when brought in contact with the instruments of truth, though wielded by a feeblar arm.

Now to the points at issue. Dr. Holt says my last article was "rather a singular one"; that I used "soft soap," &c. What does the gentleman mean by its being *singular*? Let your readers judge of its peculiarities as it merits; and here let me admonish my friend not to be *odd*, for it has now become an atrocious crime to appear "singular," according to the laws of the homœopaths. Did Dr. H. call my article odd because it called him in question, and found him bearing a burden too ponderous for his strength? I hope he will tell us all about it when he writes again. If he has not been lavish in the use of "soft soap" in his last "appearance," I know nothing of the material he mentions. Through the transparency of its bubbles I perceive he already quivers in his harness, which he will find a *galling* one "ere the end of the journey." He remains unrelenting towards W. for saying he had not read *all* the "*learned lumber*" on homœopathy that has been written. He admits my previous statements, that the homœopaths *bleed, blister, purge, &c.*, and thinks I have "just learned" it; but I must inform him that I have known this a great while before I heard or read of Dr. H. The admission of this fact (from the *pen* of a homœopath) ought to be sufficient to convince any man that homœopathy is mere pretension. Moreover, he admits that chemistry will not detect medicinal substances in homœopathic preparations; yet these minute potions are all powerful in curing disease—or, in other words, *the more dilution the more power in the drug obtained.*

From hence my friend soars away to the dark and dangerous regions of hypothesis; thither I dare not follow him, for those who are so fortunate as to return from a visit to those countries, seldom regain their reason, but they become like the inhabitants thereof.

Dr. H. gives two cases of disease that he treated homœopathically. The first case (enteritis *acute*), the morning previous had *appropriate allopathic treatment*, the patient having been *bled* and *purged* freely. He (Dr. H.) was called the evening after this "appropriate" treatment had been employed, and because the patient survived, he attributes the cure to infinitesimal doses of *aconite*! Was it *aconite* or *bloodletting* that was useful here? Again, your readers are left to opine for themselves. I submit this question without argument.

His second case was "bilious vomiting," &c.—finally cured with mercury. I have seen many cases of this complaint recover without treatment; but when it proves obstinate, certainly *small doses of mercury* are efficient as a curative. What is there *remarkable* in the case given by Dr. H.?

To gratify the doctor's itching, I will give two cases that I have treated homœopathically.

CASE I.—Patient suffering from tumefaction of the tonsils, pulse 100, deglutition difficult. (In the morning.) Gave patient two globules of aconite, to be repeated every hour till symptoms abated, &c. (At even-

ing.) No improvement, and as I saw belladonna was indicated, I prescribed two globules of belladonna once every two hours, &c. This treatment was followed till next day, without any beneficial change. Then I employed the usual allopathic remedies, and in two days my patient was well, save a slight soreness of the throat which soon disappeared.

II.—J. B., age 22; disease, *constipation*. Pulse 115, tongue dry, great thirst, and violent pain in the abdomen. (Six o'clock, P. M.) Gave three globules of aconite every hour for six hours, without the least benefit; then gave opium for six hours, the patient no better; discontinued the opium, and substituted mercury; but my patient was growing worse, when I resorted to allopathy, and soon relieved him.

These patients were placed in as favorable positions as possible, and everything likely to embarrass the operation of the medicine was avoided, and the cases prescribed for in accordance with good homœopathic authority. In the last instance the complaint had been gradually increasing for ten or twelve days before I saw my patient. I also submit these results to the scrutiny of your readers, without comment.

But suppose I had cured these patients as readily as Dr. H. could have done; the fact of my doing so in these instances, would have been no surety of my success in two other similar ones. A random shot may kill a lion, and ten good marksmen fail the same distance with better rifles. For *chance* may be successful or not, as *chance* makes it; but there is no certainty, no *probable certainty* in the results of such operations, though they may be fortunate a thousand times in successive order.

In medical science there is no such thing as mathematical certainty; the *nature* of the science itself forbids our coming to *exact* results in physics, as in geometry, &c. The reason for this is evident to every medical man. General principles apply to large groups of diseases, and are also applicable to mankind in large numbers; but the effects of such application are varied according to determinable laws. And hence, if *two* or *ten* cases of croup should recover under the administration of a given medicine, which is not applicable to the case, that is, one not indicated, it would most likely fail in a thousand other instances in the same order. So it happens that ten patients die and a thousand recover when *all* have received appropriate treatment. Consequently, "*The imperfections of medicine as a science are inherent in itself.*"

From these remarks Dr. H. may learn that his array of cases will fail to convince *medical men* of the superiority of homœopathy as a system. I know with *others* it will prove different, and believe with Hahnemann "that persons ignorant of the medical profession were the first to discover that the homœopathic method of cure was the safest," &c.

As I have said once before, it is not the "*small doses*" that renders homœopathy so objectionable, it is the wildness of its theory; for what is it but *loose theory* when the accurate science of chemistry and *all* that is rational is thrown out of the scale, and we are urged to believe what we cannot comprehend, simply because there are other questions difficult to understand. This is the kind of argument that my friend employs to convince us that homœopathy is a science.

Dr. H. inquires if we can "detect the poison of a marsh," &c. He compares the operation of homœopathic globules to the effects of those poisons. But your readers will perceive at once how inconsistent he is in this attempt. These "poisons" act chiefly on the *nervous system*, while many medicines which Dr. H. employs act altogether on the *skin*, the *mucous membrane*, &c. We at once see there is no grounds for his comparison, and he has on this spot shown himself, in our opinion, *ignorant* or *insincere*. Again, your readers are left to form their own conclusions.

The "analogy" between homœopathy and vaccination is quite evident to our friend, but it was "*inoculation*" for smallpox, a somewhat exploded doctrine (or at least one that has been almost entirely superseded by a better), that he at first made use of; but seeing the rock, he dodged it on his second voyage, and is now in safety; for the channel of his theory is so wide that *any* point of the compass will keep him floating.

While on this point let us see what Hahnemann says. "The higher the dilutions of a medicine are carried in the process of developing its power by *twice* shaking, the more rapidly and with the more penetrating influence does it appear to affect medicinally the vital power." Now I will ask Dr. H. why a quill charged with pure vaccine matter cannot (if the assertion is a true one) be made more energetic by diluting the virus to the C. dilution, or, as a learned friend suggests, "by dipping the quill into a bucket of water"? Here is a plain common-sense question; I will leave it also to your readers.

The analogy between homœopathy and hydropathy is this; both doctrines are espoused by *learned* and *honest* men; both parties make astonishing cures with little or no medicine; neither of their advocates think they ride "*hobbies*"; and *both* say *theirs* is the only perfect system of medicine in existence," &c.

Next, Dr. H. goes on to eulogize Hahnemann. Let us see what others can say of him. "Dr. Leo Wolf, formerly of Germany, now of New York, one of Hahnemann's intimate acquaintances, states, that Dr. H. was in early practice much addicted to the vending of *secret* drugs," &c. If this is true, it is a disgrace to his memory; it appears characteristic of the man. Let those who doubt it, inquire of Dr. Leo Wolf, a *living witness*. Hahnemann is mentioned by his friends as a public teacher. We are informed that this "grew out of the circumstance of his having given, while at school, French lessons; from the avails of which, and the little he received for translating some French works, he made out to support himself."

With regard to allopathic practitioners becoming homœopaths, I can say that *very few men of distinction* do so, either here or in Europe; but were it otherwise, it would not follow, as a matter of course, that the doctrine is sound. Would my friend become a Mahomedan, and renounce his christian faith, if President Wayland and others should come out and advocate for the great prophet? There would be the same

reason for it, as there now is for me to embrace homœopathy, because Professor Henderson or some one else has.

I know very well that some of our most distinguished men are set down as homœopaths; but if we look after facts we find these statements are complete falsehoods. And here I give an example. The following letter is from one of the most learned and talented physicians of our country, whose name has been claimed by the homœopaths as "one of theirs."

"In reply to yours received a few days since, I may state, that I never have had any fellowship in the doctrine or practice of *similia similibus curantur*. From time to time I have been quoted as believing in this preposterous nothing, and now and then the journals have lugged me into their ranks to answer the purposes easily understood.

"In one of my late journeys to Europe, I visited their great luminary, Hahnemann, and because I remarked that he was a noble and venerable old gentleman, *ergo*, I must be one of his converts.

"I have pupils who have become converts, and now practise this *Pathy*, as well as many friends, and it grieves me to say, that as I know they are not fools, shall I say, as many do, that they are knaves? Is it possible that any one educated to our *pathy*, can in sincerity and truth, turn to the *little little pathy*? It seems to me impossible."

Before I close, let me ask Dr. H. how his "great luminary" ascertained the pathogenetic virtues of those medicines he employs in the last and most dangerous stages of phthisis pulmonalis, pneumonia, carditis, enteritis, croup, &c. Does he vary his prescriptions for the robust man who is dying from peritonitis, or does he administer as he does to the delicate female who has the *same disease and the same symptoms*? In the two cases above the *symptoms* may be the same, but the pathological difference may be great. Homœopathy would make no difference in the above cases, their prescriptions would be the same; else what becomes of the doctrine "that the totality of the *symptoms alone* constitutes the disease."

With this doctrine they go out and prescribe for their sick according to their *symptoms*, without regard to *age, sex, temperament, habit, or idiosyncrasy, &c. &c.*

I feel that I have already taxed the editor's patience too long, and I close this article by making a quotation which, it appears to me, will ere long be verified. "Homœopathy, now it has begun, must, like an *epic poem*, have a *middle*, and a brief *disgusting end*! This is its fate."

Lime Rock, R. I., June 26th, 1846.

Yours,

J. P. LEONARD.

#### CASE OF ECLAMPSIA PARTURIENTUM.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. L., of Poultney, Vt., aged 32, in her third pregnancy, was taken in labor at about 12 o'clock, on the night of the 26th June last. After

an easy and natural labor of three hours, she was delivered. The placenta was removed spontaneously in twenty minutes after the birth of the child. About fifteen minutes subsequent to the delivery of the placenta, she experienced a severe after-pain, which was immediately followed by nausea and inclination to vomit, with violent pain in the frontal parts of the head and eyes. This being repeated, soda water and an anodyne were administered with the effect of relieving the pain and nausea; and these symptoms not returning, she was left at 5½ o'clock in the morning, in a comfortable state. She continued in this condition until her first fit, which occurred at 6 o'clock, three hours after her delivery. A messenger was immediately despatched, and she was seen about ten minutes before the second convulsion. The features, as well as the groans and restlessness of the patient, indicated intense pain. The pulse was full, strong and hard, and about 100 per minute. She was evidently about to relapse into a second fit. In a moment more there were irregular and convulsive twitchings of the muscles of the limbs, trunk and face; the features became hideously distorted, froth issued from the mouth, respiration was suspended; and the whole muscular system was in a state of spasmodic contraction. The spasm lasted about two minutes, and was more severe than the first. After the convulsive action had ceased, respiration gradually returned, which was first of a stertorous character, and in fact the patient seemed, for some twenty minutes, in an apoplectic condition. This passed off and consciousness appeared to be restored. The patient was then bled to the amount of a pound and a half, with marked alleviation of the pain and congestion in the head, and improvement of the pulse. In the mean time a decoction of valerian with assa-fœtida was prepared and administered. The third fit recurred, however, after about the same interval as the second, though in a much less aggravated form. The spasm was of shorter duration, and consciousness was sooner and more perfectly restored than in the two preceding instances. On examination of the pulse, it was not judged advisable to abstract more blood, but the antispasmodics were given at shorter intervals and in large quantities. The bowels, from which there had been no passage for three days previous to labor, were now moved by an enema of assa-fœtida, milk, molasses and salt. A large number of scybala passed when the injection was voided. Though convulsions were several times threatened, yet by these means, and by applying sinapisms and frictions to the extremities, they were prevented until 12 o'clock, M., four hours after the third convulsion, when they returned with increased violence. The phenomena which invariably preceded the convulsions, are exceedingly instructive and interesting, as they demonstrate some of the many sympathies which are so remarkable in the human system. About ten minutes previous to a convulsion, the patient would rouse from her half-comatose state, and complain of severe pain in the region of the uterus (evidently an after-pain); then followed nausea and vomiting, and subsequent to this violent pain in the head, which ushered in the convulsion. After this fourth convulsion, the stupor of the patient seemed increased. A blister was now applied to the temple, and a pill

composed of three grains hyoscyamus and two of camphor, was given every two hours, with an injection of mucilage and assafoetida occasionally. The pulse at this time was variable; sometimes full, strong and frequent; at others the reverse. The fifth paroxysm came on at 2 o'clock, P.M. The patient much the same as before. The sixth fit occurred at 4 o'clock, after which, the nausea having partially subsided, a full dose of calomel and aloes was given, and a blister applied to the opposite temple and to the back of the neck. The succeeding convulsions occurred with the following intervals, viz., three, two, three, four and four hours, the last occurring at 8 o'clock, June 29th, about twenty-nine hours after delivery. The cathartic operated about nine hours before the last fit. The treatment already specified was continued, and as the bowels had become distended, fomentations were applied. The coma and stupor of the patient gradually increased after the fourth convulsion, and continued for six hours after the last, when there appeared some signs of consciousness. The patient, however, after exhibiting these signs, immediately sunk into a comatose condition, and remained in this state twelve or fourteen hours, after which time a gradual improvement took place. The treatment subsequent to this consisted in a repetition of the cathartic and a continuance of the antispasmodics, enemata and blisters.

It is remarkable that the patient, on the restoration of consciousness, had not only lost all recollection of what happened during her labor, delivery, and the succeeding convulsions, but also what occurred for forty-eight hours previous to labor. When her child was presented, she inquired where it came from; and said, "you must have had great times here while I have been asleep." A recollection of the circumstances which occurred up to within two hours of her being taken in labor (at which time she retired for the night) has since returned to her. For several weeks before labor, the patient had complained of pain and dizziness in the head, and this was attended by a constipated state of the bowels.

It has been already noticed in the report of this case, that the convulsions were preceded by the after pains, and, as it would seem, caused by them. The question might be raised, whether uterine contraction, by which a portion of the blood was excluded from that organ and consequently sent to the brain in greater quantities, was the exciting cause of the convulsions; or whether it was from nervous irritation, originating in the uterus at each contraction, and from thence propagated to the brain through the sympathetic system. From a careful observance of the symptoms, I am disposed to think that both these causes had their effect; and that the predisposition was brought about by the previous congestion of the brain, and costive state of the bowels. If a moderate abstraction of blood and mild laxatives, had been resorted to, the consequences would probably have been avoided.

BURTON & MILLER.

*West Poughkeepsie, N.Y., July 7th, 1846.*



## DR. INGALLS'S REPLY TO J. C.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The courteous language of the anonymous communication, signed J. C., in reference to a case published in a former No. of the Journal, and the delicacy with which the writer insinuates the inapplicability of "infinitesimal" to a dose of medicine, as the signification of the term dose implies a *definite* quantity, demand a respectful reply to your correspondent's inquiries.

Although "infinitesimal" originated in the design of ridiculing doses of medicine so exceedingly diminutive, as, it was supposed, to be destitute of the power of producing any effect on the system, yet from the frequency with which it has been used to signify merely extreme minuteness, and from my belief that however small the dose, it possessed activity, I have been induced imperceptibly to adopt the term; for having fallen into the error, I deem myself justly amenable to the indirect, but pointed rebuke of your correspondent.

The precision with which homœopathic medicine is prepared, and the potency of each dose being exactly and numerically defined, constitute one of the great merits of this mode of practice. In the preparation of the articles in the *Materia Medica* of which he treats, Hahnemann was so scrupulously exact as to incur the sneers, taunts and jeers of the whole medical canal. The respectable part of the profession, however, though they may have considered homœopathy unscientific and inefficacious, have not degraded themselves by indulging in the low ribaldry, which so eminently characterizes the productions of many of the opponents of this mode of practice.

There is an axiom in philosophy, that matter "is infinitely divisible;"\* if this axiom be well founded, there can be no bounds set to the division of the particles of a medicine. The great difficulty to overcome, is to devise a process by which the division and diffusion of the particles can be effected. Trituration and concussion of a medicine will go far to sub-divide the particles into a sufficient number to impregnate the minute dose with its peculiar virtues. Experience proves that the highest potency to which a medicine was carried by Hahnemann, retains its curative powers.

Of the only two Hahnemannian preparations of lead which have come to my knowledge, the metallic and acetate, I use the first, as the sedative property of the *plumbum metallicum* may be communicated to lard by rubbing it between two lead weights—showing that the most prominent virtue of the metal may be imparted to a proper medium by attrition alone, and, as it is said, the attenuations of the metallic lead are to be preferred to the acetate.†

The dose given to my daughter was two globules of *plumbum* of the fifth potency.

The following is the mode of preparing the medicine I made use of, transcribed from *Quin's Pharmacopœia Medica*. Since, it is said, improvements have been made in the mode of preparing homœopathic medicines.

\* See Boston Medical and Surgical Journal, Vol. XXXIV., page 213.

† "Attenuationes plumbi metallici sunt anteponeendæ acetati plumbi."

"Plumbi puri in pulverem redactori granum unum cum nonaginta novem granis sacchari lactis miscendum est, in modo sequenti: Divide saccharum lactis in tres partes, quarum unaquæque triginta tria grana continet. Ad primam partem adice unum medicamenti granum, et cornea aut ossea spatula in patera porcellanea vitro non obducto cominice: deinde tere optime per 1-10 horæ, et pulverem a pistillo et a mortarii latere et fundo abra-de per 1-15: tum tere iterum optime per 1-10 horæ et pulverem abra-de per 1-15 horæ. Huic adice secundam partem sacchari lactis, et sequere eandem regulam terendi per 1-10 horæ et abra-dendi per 1-15: iterum, sine additamento terendi, per 1-10 et abra-dendi per 1-15 horæ. Dein adice tertiam et ultimam partem sacchari lactis, et sequere eandem regulam terendi et abra-dendi per eundem numerum et spatium temporum. Centum grana pulveris sic parata in lagenula bene obturata reconduntur. Hoc primam constituit attenuationem et signo inscribitur, quo vis centies aucta significatur.

"Ut secunda attenuatio obtineri possit, granum unum primæ attenuationis misce cum triginta tribus sacchari lactis; in patera pistilli ope tere, atque modo indicato tracta ita ut quævis tertia pars per bis 1-10 horæ fortiter teratur: trita vero toties et quidem per 1-15 horæ abradatur priusquam secunda et ultima tertia sacchari lactis pars adjiciatur, atque similiter per bis 1-10 horæ teratur, ut denique abrasus in vase vitreo bene clauso recondi possit. Hoc secundam constituit attenuationem, et signo notari debet quo vis remedii decies millies explicata indicetur.

"Eodem modo granum hujus pulveris unum tracta, ut tertia attenuatio obtineatur, quæ signo (I) indicatur, quo vis ejus decies centies millies explicatur.

"Plumbum in pulverem decies centies millies attenuatum redacta aqua et spiritu vini solvere atque ita fluida reddere licet. Grano uni pulveris, cujus vis ratione indicata ad tertiam attenuationem (I) explicata est, centum guttas spiritus vini, ita cum aqua mixti, adice; lagenula clausa, qua hæc mixtura recepta est, aliquamdiu circa axin suam move, denec pulvis solutus est; deinde bis, brachio quidem bis moto, concute; quo facto, præter nomen medicamenti signum 1-1 ei inscribitur. Hujus solutionis guttam unam nonaginta novem guttis spiritus vini puri adfunde, et lagenula clausa, brachio bis agitato, concute. Hoc signo 2-1 notatur. De hac solutione iidem guttam unam, simul cum nonaginta novem spiritus vini misce; lagenula vero clausa, atque repetito brachii motu, concute. Hoc signo (II) inscribitur.

"Eadem regulæ usque ad trigesimam attenuationem, observari debent."

June 29, 1846.

WILLIAM INGALLS,

Formerly Professor of Anatomy, Surgery and Physiology in Brown University.

#### QUACKERY IN NEW YORK.—NO. II.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In pursuing my tour among the quacks of this great city, my next visit was to the "7th son of a 7th son," as he styled him-

self, and whose shop was run down with patients, all of whom are well enough to call on him. He is an ignoramus of the numbskull genus, though a quondam schoolmaster two years ago, who raised the tunes in a church choir then, and showed the boys and girls how to beat time to his *fa me la sole!* He is about 40 years old, and says he never thought of being a doctor till the patients made him give them some kind of physic, which the Lord blessed, and they said they were cured, though he confessed that he "didn't know nothing." He keeps nothing but "roots and yarbs," Indian and botanical remedies, as he calls them, and says that most of his practice consists of "pawing" or rubbing down the limbs of cripples, who come to him from all quarters because he is a "7th son," and to this he has added, as a part of his stock in trade, a galvanic battery, with which he gives his patients "shucks" for a dollar a head. He was "curing" a clergyman when I was there, in this way, who was as deaf as a badger, but thought he would have to "paw" him, which he said was his last resort when the machine failed. This simple doctor looks upon all the cures he makes as miracles, and ascribes them, as do his patients, to his being a 7th son, for this he owns is all his skill, not knowing one disease or medicine from another. He is employed by the poor chiefly, though people of wealth and rank, as well as intelligence on all other subjects, are found waiting for his skill, so that he makes more money than half the regular faculty, though moderate in his fees. I gave the fellow a dollar for his honesty, and took a "shuck" from his machine.

I now stumbled upon an astrologer, who is a shoe-maker by trade, but who loves to soar among the stars, and can cast a horoscope with any mathematician of the age. He told me that he could read the past, present and future in the stars, by means of certain huge black-letter books, astronomical instruments and drawings, calculations, &c., which he brought with him from England, where he was born and learned his trade. His astrological science, he says, came the natural way, for he was never inoculated by education of any kind. He thinks it is a gift he has, and that he has improved it by practice. He is very confident that the stars never deceive him, and hence he consults them on all occasions in reference to his own affairs and those of his family, albeit his wife has no faith in him or his arts, but humors him in this silly conceit, by answering promptly his appeals to her memory for the discoveries he has made in fortune telling. I only obtained an interview with this mountebank after calling several times, as at each visit he was occupied with ladies, whose equipages at the door showed that they were profitable patients. Indeed, I saw a number of ladies waiting their turn, whose dress and appearance indicated high respectability, while their closely-drawn veils evinced the inclination to conceal themselves from recognition. When I did see him, he declined prescribing for my diseases in any other way than by casting my horoscope, for a fee, after which he was ready to answer any questions upon diseases and remedies, professing to answer all by reading the stars. He said if I would not deceive him as to the day of my birth, or was not mistaken in it, his calculations would be infallible.

as to both diseases and remedies; and he would read the history of my life, retrospectively and prospectively, in his black book. I amused myself with catechising him touching his receipts for this craft, until he suspected me with designing to rival him, when he warned me that there was a law here against astrology, and that he had impunity only by an understanding with the Mayor and Police, by whom he professed to be licensed.

I now returned to the homœopathic practitioner of animal magnetism of whom I spoke in my last, and who was too busy to give me an audience. Here I found the deaf clergyman who was cured at the paw-doctor's, but who was as deaf as ever. He was conducted thither by another gentleman of the cloth, and a lady who I learned was the wife of a bishop! and who was strangely infatuated into a belief in the skill of this homœopathic doctor, and especially his *sleeping partner*, to whose whisperings she listened with wonder and amazement. While in the magnetic slumber, this female physician did as she was bid, and looked *through and through* the deaf gentleman's head, and said she could see in at one ear and out at the other, though she saw something about *midway* which was the cause of the deafness, and which could be cured by the machine of the doctor, for this pair have also a galvanic battery, and an electromagnetic machine, which for an additional fee they were constantly putting in requisition.

In conversation with the doctor, and his fair coadjutor, when awake, I ascertained that most of their patients are ladies, and that very many of them come to inquire of the latter, when asleep, as to their own pregnancy or that of their friends, desiring to have the earliest information on this delicate point. The doctor affirms that she has several times assured the newly married of their being in this desirable category as early as within the first moon, and it has turned out to be true. Indeed he says that by looking into the uterus, which *clairvoyance* enables her to do, she can satisfy the curiosity of the ladies, whether married or single, touching many very delicate questions, which the faculty are unable to answer, not being able to look inside of their patients! These interesting inquiries, made by blushing brides without the knowledge of their husbands, are prosecuted in the presence of both members of this firm of quacks, since the lady is not clairvoyant, except at the bidding of the doctor, and would not trust herself alone in this helpless state without the presence of her partner, who not only puts her to sleep but wakes her up, and superintends her mesmeric slumber. And when I expressed surprise that such questions should be submitted and answered in the presence of a strange gentleman, by any lady of modesty and refinement, he replied that he was pledged to secrecy and paid for it, and could assure me that of the hundreds of the first ladies in the city who had called on them, not one had ever been betrayed.

On expressing some hesitancy as to the fact whether she could really see into the uterus and other organs of a patient sitting before her, protected by her clothing, he told me that many of the patients upon whom she had performed this miracle were hundreds of miles distant, and had

never been in her presence. In these cases, only a lock of hair from the head, a ring from the finger or ear of the patient, was all that was necessary to be presented to the fair somnambulist, when she would instantly look inside of the organs inquired after, and see as well as though the patient was near; nor, he added, has she ever been known to fail.

My betrayal of incredulity before both parties, was fatal to my hopes of consulting her in my own case; for she said that my unbelief would dissipate the magnetic fluid, and she could not be put to sleep soundly enough when I was by, to be clairvoyant.

New York, July 15, 1846.

A PERIPATETIC AND COSMOPOLITE.

### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 22, 1846.

*New Army Surgeons.*—Whole platoons of young and ambitious would-be surgeons are hoping to be taken into the service of the U. S. Government, with the new regiments of volunteers; but they may hang their harps upon the willows, as the Secretary of War has written to Dr. McPheeters, of St. Louis, that the surgeons and assistant surgeons of the new soldiery will be appointed from the medical staff of the regular army. One of the direct methods of gaining admission to the army medical corps, is to send one's name, with a host of testimonials, to the Secretary of War, at Washington, who will add it to the list of expectants, already approaching half a million. When, by reason of death, incapacity of present incumbents from age, resignations of those who have waited for advancement till they have grown gray with expectancy and hope deferred, or by the creation of new troops, more surgeons are wanted, the Secretary hands over the catalogue to a commission of surgeons, who notify such as may be living at the time, provided they are not too old for the service, that they may appear for examination, and if they sustain themselves in the trial, they then return home to re-wait till a vacancy occurs. This takes place by the tardy promotion of some assistant, who has been waiting for full pay so long, that when it comes, he discovers, at the evening tide of life, that Republics are ungrateful to army surgeons as well as statesmen. Well, the passed man is finally notified, if to be found, that he is wanted, and having spent all he can muster for a blue coat with great eagle buttons, becomes assistant surgeon, where he is to remain, no one can predict how long, with a monthly salary that a country physician would hardly look at in the light of decent compensation. Finally, in the revolution of things, provided the army surgeon aspirant lives, he has about one chance in two hundred and forty of reaching a higher grade, provided he can sustain himself under the thumb-screws of another examination. After that, he must be content with his distinction, pay and rations, till the scythe of time mows him down in turn. It is ridiculous to indulge the expectation of ever being surgeon-general, be-

cause it depends on a contingency, that of outliving all the senior surgeons of the army.

Such is a general view of the process and the probable progress of a young medical gentleman who enters the army. We state the case strongly, not because we have either prejudice or ill-will towards the service, or are ignorant of the high standing of our army surgeons as a body, but to save a multitude of petitioners from sad disappointment and perhaps mortification. It is far better to be in private practice, so far as one's personal liberty is concerned. To go and come as we desire, without asking permission, is more agreeable than to beg for a furlough, like a child soliciting a biscuit. And as to the pecuniary condition of the army surgeon compared with the country physician, the latter, if he has any business at all, lays up something for the evening of his days, while the former must spend as he goes—or, if he saves, it can only be a sorry sum at best.

Very many indulge the mischievous idea, that by getting quartered on the government for life, they may be as indolent as they choose; since the moral certainty of bread and meat from the national larder is all they ask. Nothing can be more erroneous: the rules and regulations are specific, and require such untiring activity, that no apology will be accepted at head quarters for remissness of duty. All departments of the profession must be studied as the incumbent advances—and he must not only keep pace, but give an account, at proper intervals, of his progress. Dolts have no hiding holes in the American army. A certain amount of labor must be performed; and if there is neglect or failure to fulfil the contract on the part of the surgeon, he is sent away in disgrace—and thus ends the chapter.

*The Chemistry of Man*—A Second Part, completing the great work on the Chemistry of Man, by Dr. J. Franz Simon, of Prussia, translated by Thomas E. Day, M. D. &c. has just been completed, and may now be had at Ticknor & Co.'s, in Boston, and at the principal bookstores. Messrs. Lea & Blanchard, Philadelphia, are the publishers, who rarely engage in any bibliographical enterprise that is not worthy of generous encouragement. Those who purchased the First Part, issued some months ago, will avail themselves of this notice, we trust, and thus have the perfect volume.

The Chemistry of Man is a great subject, well calculated to interest those who ponder on the physical organization, or the high moral destiny of our race. No thinking person can open this learned production—in which the fluids, and in fact all the various secretions of obscure glands are analyzed, taken to pieces, as it were, as an artisan would unscrew the delicate machinery of a watch—without being astonished at the achievements of the human mind, in solving some of the organic mysteries connected with its own terrestrial existence. How marvellous, that a being, made up as is man in his external organization, of a few fluids and solids, singularly associated, whose vitality is momentarily depending on the most exact order of movement in the minutest capillary tubes, and liable to derangement from causes constantly operating from without, should accomplish such wonders in art and in the sciences. But we are wandering from the object before us, viz., a reference to the contents of this excellent book, entitled the "*Chemistry of Man, with reference to Physiology and*



**Pathology.** Having, on a previous occasion, entered sufficiently into the merits of the enterprise, and the qualifications of the author to conduct the series of inquiries which have been the subjects of his investigations, it only remains, in the present instance, to state concisely the order of the subjects embraced in Part II. 1st, Secretions of the chilopoietic viscera and the theory of digestion; 2d, Milk; 3d, Secretions of the mucous membranes; 4th, Secretions of the external skin; 5th, The urine—extending from the 330th to the 554th page! 6th, Secretions of the lachrymal, meibomian and ceruminous glands; 7th, Secretions and fluids of the generative organs; 8th, Intestinal secretions; 9th, Component parts of the animal body; 10th, Solid morbid products; 11th, Fluid products of disease; 12th, Appendix—ultimate composition of protein, &c.; 13th, Appendix 2d, containing various researches on blood in thoracic inflammation, &c., besides two beautifully executed plates.

Such is an outline of a work, to be regarded as one of no ordinary, every-day character. It is elevated in its tone, and, from the topics discussed, carries on its frontlet the evidences of worth to those who study philosophy to become philosophers.

**Lunacy, Pauperism, &c., in Massachusetts.**—The County of Suffolk, embracing Boston and Chelsea, for the support of 95 State lunatic paupers the last year, charged \$10,170 52. Essex County, for taking care of 37, \$3,512 91. Middlesex County, for 25, \$2,023 78. Lunatic Hospital, at Worcester, for keeping 98 lunatics, \$7,954 43. The entire charge in favor of eight counties, the city of Lowell, and four country towns, including the Institution's bill at Worcester, for lunatics, alone, amounted to \$24,874 29. New Bedford, for taking care of two patients with smallpox, \$119 50; Town of Stockbridge, for one, \$114 92; Springfield, for two cases, \$246; and Roxbury, for one, \$45. Coroners' fees for one year, in the whole Commonwealth, but \$1,028 16.

The city of Boston carried in another account for the support of State paupers, in the Houses of Industry and Reformation, the burial of paupers and smallpox patients included, of \$10,453 05. For the maintenance of State paupers, the last financial year, the people of Massachusetts were taxed \$33,642 21.

**Avon Springs Reporter.**—This is designed to be a useful publication to invalids, from the circumstance, probably, that through its columns the transactions at the fame-rising Avon will be noticed. Besides being a fashionable watering place, the springs at Avon are really very important, and should be vigilantly watched in their effects in relieving, modifying, or curing diseases.

**Child with two Heads.**—An infant with two heads, is on exhibition in this city, born in June last, at Nantucket. It lived about ten minutes—cried, we have understood, and the heads seemed to act independently of each other. Violence at birth probably shortened the term of life, although death must have followed soon, from an infraction of a law of organization, which nature never overlooks. She tolerates no wide departures from her fixed standard of animal mechanism.

**Asiatic Cholera.**—We insert the following, that the readers of this Journal may see how precisely the Asiatic cholera resembles its first appearance in the summer of 1817, twenty-nine years ago. Speaking of its prevalence in Ceylon, at the latest advices, the Missionary Herald for July says:—

"The deaths in the different villages composing the Manepy parish, averaged, for some time, more than thirty a day. Indeed, it was difficult to find persons to bury the dead. The disease has generally found its greatest number of victims among the lower castes whose personal habits are dirty and low. Some bramins, however, have fallen. Very few cases have occurred among the Europeans; and their preservation appears quite remarkable. It is estimated that from 8,000 to 10,000 deaths have occurred. In the town of Jaffna and its suburbs, which had a population of about 30,000, one tenth has been cut down. At Manepy, five (native) church members have died, and at Oodooville ten or twelve."

**Maryland Lunatic Hospital.**—The number of patients at the beginning of 1845 was 89; 106 were admitted during the year. The whole number under care, 195, has been larger than the number for any previous year.

The number of recent cases of insanity under treatment was forty; of old cases, 138 of *mania a potu* are not included. The recoveries in recent cases have been in the proportion of 82 per cent. Of the 138 old cases, 7 were discharged cured. "Here we have the evidence of another year's experience," says Dr. Fisher, physician to the Hospital for the last ten years—"in confirmation of the truth respecting the curability of recent attacks of insanity, and the greatly diminished chances of recovery when the early periods of the disease are allowed to pass without appropriate treatment."

During the year 40 patients have been discharged, restored; 6 improved; 10 have died; 13 are unimproved, and 109 remain under care.

In submitting this report, Dr. Fisher, in consequence of impaired health, tenders his resignation to the Board. Professor Fonerden, long known as a physician in Baltimore, and as a zealous cultivator of medical and general science, has been chosen resident physician of the Hospital. As preparatory to the entrance upon his new duties, Dr. Fonerden has visited many of the principal asylums for the insane in the United States, and made himself acquainted with the details of management and system most approved in the best institutions.

**Medical Miscellany.**—Seventy-four medical students attended lectures at the University, in ancient Athens, last season, and twenty particularly studied pharmacy.—A new sulphur spring has lately been discovered on the country seat of Mr. John Patrick, Stillwater, Saratoga Co., N. Y. It was a happy discovery for increasing the value of the estate.—Dr. Samuel H. Strobocker, of Penn., has been appointed an associate Judge in Centre County.—Dr. McGill is one of the candidates for the chief justiceship of Liberia. In the Board of Directors in the United States, for managing that interesting Colony, are three physicians, viz., Harvey Lindsly, M.D., of Washington; Stephen Duncan, M.D., Natchez, Miss.;

and David M. Reese, M.D., New York.—The *Hekim-bashi*, physician in chief of the Sultan of Turkey, accompanies his majesty on a tour of inspection through the principal part of the Turkish dominions. A few assistant physicians are also in the train, and when in May last they arrived at Silivria, they vaccinated, by order of the Sultan, the children of the place, with the approbation of the parents.—The 4th of July was celebrated at the Retreat for the Insane at Hartford, Conn. The patients gave lots of toasts, which smacked far less of insanity than a vast many that have been promulgated on similar occasions from the lips of the sane and wise. Two were as follows—a pretty play upon the names of the superintendent and his assistant. “The Superintendent of the Retreat—may that *Butler* ever be honored who presents the cup of health.” “The Assistant—may *Brooks* of joy and rivers of peace cheer his kind heart.”—The three dead bodies discovered lately at the London and Birmingham Railway station, Camdentown, turn out to be those of three American Indians, which had been disinterred and sent to Dr. Hunter by some American physiologist.—There has been exhibited at Washington, a new instrument styled the Self-acting Meteorological Register, embracing in a machine the anemometer, rain gauge, barometer, thermometer, and tide register, and which, by a most ingenious contrivance, records of itself the various changes in its several departments. The maker is a young man, Mr. Chauncey Warriner.

**NOTICE TO SUBSCRIBERS.**—The notice respecting the proper newspaper postage of this Journal, which was last year inserted in large type on the top of the first page of each No. was omitted in February, partly on account of its disfiguring the page, but principally because it seemed no longer needed, as not an instance came to our knowledge, through the year, of any postmaster presuming to charge more than newspaper postage on the weekly No. This is mentioned, on account of some subscribers supposing a different arrangement, or some new decision in regard to postage, had been made—which is not the case.

The attention of subscribers is called to the bills which have recently been enclosed in their copies of the Journal. It is hoped that the instance of theft from the Boston Post office, some months since, will not prevent subscriptions being sent by mail when no other mode of conveyance offers. The extent of that theft was found quite limited, so far as subscriptions for the Journal were concerned, and under present arrangements it cannot be repeated. All subscribers, therefore, who are indebted for the Journal, are earnestly requested to forward their respective amounts, by mail or otherwise. Many of them are inaccessible to us, either personally or by a collector, and our earnest and constant endeavors to serve them punctually with the Journal as published, can only be pecuniarily compensated by this annual trouble on their part.

**MARRIED.**—At Ashfield, Mass., Charles L. Knowlton, M.D., to Miss R. Williams.—At Newark, N. J., James H. Clark, M.D., to Miss C. Ogden.

**DIED.**—In Wiscasset, Me., Dr. P. E. Theobald, aged 62.—At Columbia, Tenn., Egbert J. Foster, a medical student, by suicide. His father committed the same act only a few weeks before.—At Paris, aged 79, M. Le Baron Barbier, principal surgeon and professor at the Val de Grace, member of the Academy of Medicine, and knight of the Legion of Honor.—At Vienna, Baron Von Durkheim, an eminent physician, and president of the Board of Health for the Austrian empire.

**Report of Deaths in Boston**—for the week ending July 18th, 89.—Males, 46, females, 43. Stillborn, 8. Of consumption, 19—sudden, 5—teething, 6—infantile, 3—inflammation of the brain, 2—inflammation of the lungs, 1—inflammation of the bowels, 6—typhus fever, 6—old age, 2—apoplexy, 1—dropsy on the brain, 4—drowned, 4—convulsions, 7—measles, 2—marasmus, 1—debility, 1—syphilis, 1—childbed, 1—lung fever, 3—scarlet fever, 1—cholera infantum, 4—diarrhea, 2—dropsy, 1—disease of the bowels, 3—bilious colic, 1—brain fever, 1.

Under 5 years, 63—between 5 and 20 years, 5—between 20 and 40 years, 31—between 40 and 60 years, 7—over 60 years, 4.

*A Case illustrative of the Beneficial Effects of the Nitrate of Silver in Strong Solution, in Acute Ophthalmia.* By O. F. MANSON, M.D., of North Carolina.—J. N., æt. 40, of sound constitution and robust frame, had been suffering for two days from an eruption of large pustules over the scalp and face, induced by eating enormous quantities of butter of which he was passionately fond; one of the pustules had formed near the margin of the inferior palpebra, from whence the inflammation rapidly extended over the whole eye. When I first saw him he was suffering the most agonizing pain, the pain darting "through his eyes and through his head," as he expressed it, and of such intensity as to elicit loud cries from the patient every minute, the darting pain being paroxysmal. The eyelids were so completely closed and swollen that the eyeball could not be seen by attempting to open them. The patient had high fever, hot dry skin, furred tongue, and fixed pain in the forehead and temples. I banded his arm, and bled him upwards of two pounds; when, symptoms of syncope appearing, the flow of blood was stopped; at bed-time, several hours after, 20 grs. of calomel were exhibited, to be followed in the morning by a large dose of sulph. magnesia. 10, A. M., next morning, fever has abated somewhat, but the pain and inflammation have not perceptibly declined; eyelids still completely closed, and can be but very slightly separated by the fingers. Applied thirty leeches in the course of an hour (the medicines have operated well) but without being followed by an apparent diminution of the symptoms. Pain still excruciating, causing the patient to contort his whole body; even to witness the agony of the sufferer was painful to the by-stander. All must own from this imperfect description, that this was a case of the most acute character, and that the practice adopted was well calculated to relieve it; but I am very certain that the patient was suffering as greatly, and that the symptoms of inflammation were as well developed, with the exception of a slight decline in the general excitement, as they were before the treatment was had recourse to. I now determined on using a strong solution of the caustic, and mixed 10 grs. to the ounce of water; four or five drops of the solution were introduced into the external corner of the eyelids, the patient only complaining for a very short space of time of a slight smarting sensation, which could not be properly termed pain. In five minutes the patient expressed himself relieved of pain, and after the re-application of the collyrium three or four hours afterwards, the pain entirely subsided, to return no more, the patient falling asleep for the first time in 50 or 60 hours. Since treating this case, I rely upon a strong solution of lunar caustic alone in the treatment of acute ophthalmia. I have introduced it into the eye of my own infant, 16 months old, and can recommend it as a safe and effectual remedy; but at the same time would reprehend a weak solution, except in cases of a chronic character, in which I have found it more useful than the ten grs. solution.—*New Orleans Med. and Surg. Jour.*

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The sum of 48,000 francs has been demanded from the government by the dean of the Parisian faculty of medicine, to construct a ward in the proposed *Hopital des Cliniques*, to contain twelve beds, for the use of sick medical and law students. The conseil academique, and the conseil royal de l'université, support the demand.—*Med. Gazette.*